

USASMDC VISIT NOTIFICATION

Part I. To be Completed by the Originating Office

TO (Name and address of agency to be visited.)	FROM (Name and address of preparing office)	DATE PREPARED
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THE FOLLOWING U.S. ARMY SPACE AND MISSILE DEFENSE COMMAND EMPLOYEE(S), UNITED STATES CITIZEN(S) WILL VISIT YOUR FACILITY AS INDICATED BELOW. PERMISSION WILL BE ASSUMED UNLESS OTHERWISE NOTIFIED.

FULL NAME AND SSN OF VISITOR(S)	JOB TITLE	DATE AND PLACE OF BIRTH	Security Clearance	Issue Date	Issuing Agency	Type & Date of Investigation

PURPOSE OF VISIT IN DETAIL	PERSON(S) TO BE VISITED	DATE(S) OF VISIT(S)	
		FROM	TO
		DATE OF FIRST VISIT:	

Part II. To be Completed by Releasing Office

REMARKS Individual(s) Need-to-Know Verified.	SPECIAL ACCESS AUTHORIZATION	SIGNATURE Security clearance(s) are certified.
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